# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

  4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

  5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## **ACCIDENT STATEMENT**

Date of Submission 01/12/2020 10:48 (SGT) Date of Accident 27/11/2020 13:00 (SGT) Exact Location of Accident Near Braddell Flyover, Singapore Additional Location Information ALONG BRADDELL FLYOVER EXIT 8B Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMK9803D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YAP YET WEI NRIC No. S7472513I Email Address nataliekoh29@gmail.com Mobile Phone No (Phone) +65-96907036 Alternative Phone No +65-96907036

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 1900083505 Cover Note Number

DRIVER

Name of Driver NATALIE KOH SI MIN NRIC No T0105328G Date Of Birth 13/02/2001 Occupation Indoor

Date Of Driving Pass	14/03/2001
Driving experience	19 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87388442
Alt. Phone Number Email Address	- notaliakah 20@amail aam
Address	nataliekoh29@gmail.com 503 SEMBWANG RD #02-30
Address complement	-
Postcode	757701
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	_
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	-
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance?	No
DETAIL O OF DOLLOF ACTION	
DETAILS OF POLICE ACTION	
Man the accident remarked to the malice?	
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
If yes, against whom?	No
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CIRCUMSTANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
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ATTACHMENT(S)	
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Are accident photos available for attachment?  Was there any video captured by Car Camera?	Yes Yes
Was there any audio recorded?	No
True unero unity dudie receitaed.	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
DETAILS OF STILL	VEHICLE PROPERTY
Vehicle Registration Number	SHD9942G
Vehicle Manufacturer	
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Taxi
Name of Driver	TAN CHONG KIAT

(Phone) +65-87388442

Contact Number

Address complement

Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

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  facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- Repetition of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
   Concent under the Perconal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- Truners and, aconomeges, agree and consent that:

  (all you had in a work when and the formal insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set usin this (form) and any other personal information formation by the process of the processed by minister (collective) the "Personal Information" and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) (movined in this accident (all insurer(s) who have insured vehicle(s) (movined in this accident all be collectively referred to as the "Issurers"), the Insurers insured the Moniectery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of t:
- processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my daims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoive disclosure of earth approval data about me to bring about delivery of the same as well as on the external cover of envelopes/mail.
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purpos
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or (ii) for complying with requirements under any regulations, laws or court orders.

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